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## **SHOCK (NON-TRAUMATIC)**

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### **FIELD ASSESSMENT/TREATMENT INDICATORS**

1. Patient exhibits signs/symptoms of shock.
2. Determine mechanism of illness.
3. History of GI bleeding, vomiting, diarrhea.
4. Consider hypoglycemia or narcotic overdose.

### **ALS INTERVENTIONS**

1. Maintain airway with appropriate adjuncts, including advanced airway if indicated. Obtain O2 saturation on room air or on home O2 if possible.
2. Place on cardiac monitor.
3. Place in trendelenburg if tolerated.
4. Obtain vascular access.
5. If hypotensive or has signs or symptoms of inadequate tissue perfusion give fluid challenges:
  - a. In the adult give 500ml IV bolus, may repeat once to sustain a B/P>90mmHg or until tissue perfusion improves
  - b. In the pediatric patient give 20ml/kg IV bolus, may repeat once for tachycardia, change in central/peripheral pulses, limb temperature transition, altered level of consciousness.
6. For B/P>90mmHg and no respiratory difficulties and adequate signs of tissue perfusion:
  - a. In adults, maintain IV rate at 150ml/hour.
  - b. In pediatric patients, maintain IV at TKO.

**BASE STATION MAY ORDER**

- \*1. Establish 2<sup>nd</sup> large bore IV enroute.**
- \*2. Dopamine infusion at 5-20mcg/kg/min if hypotension persists despite fluid administration.**

***\*May be done during radio communication failure.***